

Request for Field Trip Approval Form

This form must be received and approved by the Central Office Administrator prior to the announcement of the requested field trip.

☒ GENERAL INFORMATION:

Date of Request: 01/07/2026 Field Trip Location: Washington D.C.
Start Date of Requested Field Trip: 09/29/2026 End Date of Requested Field Trip: 10/02/2026
School: Springdale School Group: 5th grade students
Proposed Number of Students: 91 Proposed Number of Adults: 20
Field Trip Paid By: Students & School Traversa ID #: AT-09903
Organizing Teacher #1: Mrs Madolyn Hicks Mobile Contact#: _____
Organizing Teacher #2: Ms Kayln Shreve Mobile Contact #: _____
Other School Personnel: Dr Cami Hamlin Mobile Contact #: _____
Other School Personnel: _____ Mobile Contact #: _____

☒ DESTINATION: Please provided a detailed schedule of any stops. Springdale,Atlanta Airport,Dulles International Airport Washington D.C.

☒ Educational Purpose of Field Trip with standard(s) to be covered: Learning about historical landmarks as well as covering standards from 5th grade social studies.SS5CG1,SS5CG2,SS5H1

☒ COST: Proposed Amount Requested from Students (please give a complete breakdown of costs):
\$1295.00-\$1399.00 covers all costs, including air fare

Please initial next to each statement on pages one and two.

- MH A permission slip will be distributed to all parents that includes the following statement:
No student will be denied participation due to the inability to pay or raise funds.
MH A copy of an emergency information card for every student including updated contact numbers, any known allergies, any known medical conditions, physician, and insurance information will be taken on the projected field trip.
MH The necessary professional leave of absence requests will be submitted via the absence management system according to the established guidelines of the Professional Learning Department.

☒ TRANSPORTATION: Time Bus(es) to pick up at School: 4:30 AM Time Bus(es) To Return to School: 9:31 pm

According to the Bibb County School District Field Trip Guidelines, there are only three modes of transportation that will be considered for approval. This projected field trip will utilize the following mode of transportation:

☐ Parent/Legal Guardian Will Transport His/Her Own Child

The following statement is a true statement regarding the projected field trip: "Each individual parent or legal guardian will transport his or her own individual child and will be responsible for his or her own individual child for the field trip in its entirety." The preceding statement will be included on the parent permission slip. If initialed, move directly to the Affirmation section.

☐ School Bus Number of Buses Proposed: _____

If a school bus is requested and you have proposed a school-based driver, i.e. coach with a CDL, provide their name(s) below. Note: school-based bus drivers must be approved by the Transportation Department.

1. _____ School: _____
2. _____ School: _____

☒ Charter Bus Number of Buses Proposed: 2 Charter Bus Company: Five Star Travels/ TranSouth

☒ The proposed charter bus company is an approved carrier.

- ☒ Proof of insurance valid through the end of the requested field trip is attached for the proposed charter bus company. (Proof of insurance must be considered and may be required to be submitted when any mode of transportation is proposed to be utilized other than a school bus).

☒ CHAPTERONES

MH Chaperone guidelines are met with at least one chaperone with every ten students for the duration of the day field trip.

MH Criminal Background Check Authorization Form approval(s) for non-Bibb BOE chaperone(s) projected to chaperone will be received before requested day field trip.

☒ GENERAL PRECAUTIONS

MH Each attending teacher is responsible for each student attending the field trip; however, each chaperone will have a group of students under their direct and close supervision for the duration of the projected field trip.

MH A teacher and chaperone orientation will be conducted and signatures obtained to indicate the teachers and chaperones received the necessary orientation prior to the requested field trip. A copy of the orientation guidelines should be stapled to the orientation sign-in sheet and kept on file at the school.

MH The Principal will have the contact number(s) for each teacher and chaperone attending prior to the field trip.

MH Roll checks will be conducted each time students enter or leave the bus and enter or leave a destination.

MH Monitoring provisions and safety precautions will be discussed with each chaperone prior to the requested field trip. Each chaperone has the contact number(s) for the organizing teacher(s).

☒ OVERNIGHT FIELD TRIP REQUEST AND/OR OUT-OF-STATE REQUEST

MH The organizing teacher will ensure that all Pay-Per-View Movies will be disabled in all rooms prior to arriving at the hotel.

MH The organizing teacher will ensure that all long distance calling features will be disabled in all rooms prior to arrival at the hotel. Room to room calling will be provided and allowed in case of emergency. Room numbers of each teacher and chaperone will be provided to students in case of emergency.

MH All student doors will be taped and initialed for overnight by the organizing teacher at the final room check. The organizing teacher will remove the tape during the wake-up call and will ensure that all students are accounted for.

MH Student doors will be monitored overnight by teachers, chaperones, or by a security guard who has background check approval through his or her employing company.

MH Teachers will not share a hotel room with students other than when a parent or legal guardian to child relationship exists.

MH Chaperone guidelines are met with at least one chaperone with every five students for the duration of the overnight field trip or out-of-state field trip.

MH Fingerprinting approval(s) for non-Bibb BOE chaperone(s) to chaperone an overnight field trip will be received before an overnight field trip.

MH Monitoring provisions and safety precautions will be submitted to the Principal in detailed written form for his or her approval prior to the requested field trip.

MH The bus route for this trip will be submitted to the Principal prior to the requested field trip.

MH Prior to the requested field trip, proper arrangements will be made at the school for the administration of medication while on the projected field trip according to the Bibb County School District Field Trip Guidelines.

MH Emergency meeting locations will be discussed with students and chaperones prior to the requested field trip.

MH Swimming will not be allowed during the field trip and field trip participants will not be allowed in the pool area.

MH A standard first aid kit will be on each bus.

MH The organizing teacher will assign each student a "buddy" of the same gender for the duration of the field trip.

MH Chaperones will not share a hotel room with students other than when a parent or legal guardian to child relationship exists.

MH Individuals of one gender will not be allowed in the room of the opposite gender.

MH A detailed Overnight Safety Plan will be submitted to the Principal for review and approval in advance of the projected field trip.

MH A proposed itinerary (complete with as many details as possible) is attached. A final itinerary (complete and detailed with every moment packed with details for the entire time) will be submitted to the Principal two weeks prior to the requested field trip.

MH If students are to travel overnight on a bus, one gender will be seated at the front of the bus with the other gender at the rear of the bus with teachers and chaperones dispersed throughout the bus.

Affirmation

As the Principal and as the organizing teacher, respectively, I have reviewed the requested field trip and confirmed that all information included in the Bibb County School District Field Trip Guidelines has been addressed and I affirm that all required items indicated on this form are included and will be **uploaded to Traversa** a minimum of four weeks prior to the requested start date of the requested field trip. **If applicable: I affirm that for presentation to be made to the Bibb County Board of Education, this Request for Field Trip Approval Form for an overnight field trip that is also an out-of-state field trip will be sent as an overnight field trip request at least ten weeks prior to the start date of the field trip.** I understand that approval of this requested field trip is also the method of approval for student instructional absences.

Teacher's Electronic Signature:

Madolyn Hicks

Digitally signed by Madolyn Hicks
Date: 2026.01.07 13:21:33 -05'00'

Principal's Electronic Signature:

Cami Hamlin

Digitally signed by Cami Hamlin
Date: 2026.01.07 13:23:31 -05'00'

Determination of Central Office Administrator:

☐ Approved

☐ Disapproved

Electronic Signature of Central Office Administrator:

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff, a MMA LLC Company 7391 Hodgson Memorial Drive Savannah, GA 31406 912 544-5050	CONTACT NAME: Certificate Team	
	PHONE (A/C, No, Ext): 912 544-5050	FAX (A/C, No):
	E-MAIL ADDRESS: certificate@mcgriff.com	
INSURED C & H Bus Lines, Inc. TranSouth Motorcoach, LLC 448 Pine Street Macon, GA 31201	INSURER(S) AFFORDING COVERAGE	
	INSURER A : RLI Insurance Company	
	INSURER B : SummitPoint Insurance Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	NAIC #	
	13056	
	15136	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			LGB0016448	07/29/2025	07/29/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED AUTOS ONLY			LFB0019388	07/29/2025	07/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCS3015744	02/28/2025	02/28/2026	X PER STATUTE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

** Workers Comp Information **

Other States Coverage

** Supplemental Name **

First Supplemental Name applies to all policies - C & H Bus Lines, Inc.

(See Attached Descriptions)

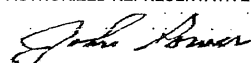
CERTIFICATE HOLDER

CANCELLATION

Bibb County School District
484 Mulberry Street
Macon, GA 31201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/04/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME: Brandie O'Neal
Solomon Deaton & Buice, LLC	PHONE (A/C, No, Ext): (478) 742-1275
756 Poplar Street	FAX (A/C, No): (478) 742-1207
P.O. Box 227	E-MAIL ADDRESS: boneal@sdbins.com
Macon GA 31201	INSURER(S) AFFORDING COVERAGE
	INSURER A: USLI
INSURED	INSURER B: United States Liability Insurance Company
Five Star Travels	INSURER C:
P O Box 888	INSURER D:
	INSURER E:
Forsyth GA 31029	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL2541535993

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	☒ COMMERCIAL GENERAL LIABILITY			PPP1555642C	04/04/2025	04/04/2026	EACH OCCURRENCE	\$ 1,000,000		
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	☒ Professional Liability						MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000,000		
							GENERAL AGGREGATE	\$ 2,000,000		
							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
							Professional Limit	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									
	☒ POLICY ☐ PRO-JECT ☐ LOC									
	OTHER:									
	AUTOMOBILE LIABILITY			CUP1579778A	01/31/2026	01/31/2027	COMBINED SINGLE LIMIT (Ea accident)	\$		
	☐ ANY AUTO						BODILY INJURY (Per person)	\$		
	☐ OWNED AUTOS ONLY	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	☐ HIRED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
								\$		
								\$		
								\$		
B	☒ UMBRELLA LIAB			CUP1579778A	01/31/2026	01/31/2027	EACH OCCURRENCE	\$ 1,000,000		
	☒ EXCESS LIAB	☐ CLAIMS-MADE					AGGREGATE	\$ 1,000,000		
	DED	RETENTION \$						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$		
							E.L. DISEASE - POLICY LIMIT	\$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

BIBB COUNTY BOARD OF EDUCATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

 DATE: (MM/DD/YYYY)
 9-19-2025

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PRODUCER Acrisure, LLC. 6850 Catawba Lane Richmond, VA 23226		CONTACT NAME: Ed Richards PHONE (A/C No. Ext.): (804) 288-6993 FAX (A/C No. Ext.): (804) 285-0679 E-MAIL ADDRESS:	
INSURED SIGNATURE TRAVEL LLC 18374 DEMOCRACY AVE RUTHER GLEN VA 22546-2959		INSURER(S) AFFORDING COVERAGE INSURER A: TRISURA INSURANCE COMPANY NAIC # 16188 INSURER B: TRISURA SPECIALTY INSURANCE CO 22225 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	GENERAL LIABILITY ☒ Commercial General Liability ☐ Claims Made ☒ Occur ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC.	☒	☐	KGA020802502	9-20-2025	9-20-2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED. EXP. (Any one person) \$ 5,000 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ \$1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS ☐ ☐	☒	☐	KAA020802502	9-20-2025	9-20-2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS MADE ☐ DED ☐ RETENTION \$	☒	☐	KXA020802502	9-20-2025	9-20-2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	☐				☐ Statutory Limits ☐ Other E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
		☐	☐				
		☐	☐				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required.)

CERTIFICATE HOLDER

CANCELLATION

Fax Number:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

BIBB COUNTY BOARD OF EDUCATION

 484 MULBERRY STREET
 MACON GA 31201

AUTHORIZED REPRESENTATIVE

Timothy L. O'Bryan